| | PARTR | - FEE(S) TR | ANSMITTAL. | | | | | | | | |
|--|--|---|---|--|---|--|--|--|--|--|--|
| complete and send this form, together w | | Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 | | | | | | | | | |
| INSTRUCTIONS: This form should be used for transplanting the | ansmitting the ISSU | or <u>Fax</u> DE FEE and PUBL | (703) 746-4000 LICATION FEE (if requesting of maintenance fees years) | ired). Blocks I through 5 s | hould be completed where | | | | | | |
| instructions. In soom should be used for the appropriate. All further correspondence including the indicated unless confected below or directed otherwise maintenance fee notifications. | se in Block 1, by (a |) specifying a new | correspondence address | ; and/or (b) indicating a sepa | rate "FEE ADDRESS" for | | | | | | |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 f 7590 04/27/2005 | or any change of address) | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | | | | | |
| Milliken & Company P. O. Box 1927 Spartanburg, SC 29304 06/15/2005 FFANAIA3 00000112 10679217 | | | Ce I hereby certify that it States Postal Service addressed to the Mat transmitted to the USI | rtificate of Mailing or Transis Fee(s) Transmittal is bein with sufficient postage for fir 1 Stop ISSUE FEE address PTO (703) 746-4000, on the control of the sufficient postage for first part of the sufficient properties of the sufficient properties of the sufficient part of the sufficient properties of the sufficient part of the sufficient p | g deposited with the United st class mail in an envelope above, or being facsimile late indicated below. | | | | | | |
| | .00 OP | | Linda-Ann N | Λ. | (Depositor's name) | | | | | | |
| | .00 OP | | Judg-an | | (Signatore) | | | | | | |
| VL 10120V | | | June 10, 2 | 005 | (Date) | | | | | | |
| APPLICATION NO. FILING DATE | | FIRST NAMED INV | ENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | | | | | |
| 10/679.217 10/03/2003 | <u>- </u> | Michael J. Man | nion | 5646 | 3283 | | | | | | |
| APPLN. TYPE SMALL ENTITY | ISSUE F | EE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | | | | | | |
| nonprovisional NO | \$1400 | | \$300 | \$1700 | 07/27/2005 | | | | | | |
| | | | | 1 | | | | | | | |
| EXAMINER ART | | | CLASS-SUBCLASS | J | | | | | | | |
| LEE, RIP A | 1713 | | 524-285000 | | | | | | | | |
| Change of correspondence address or indication of 'CFR 1.363). | 'Fee Address" (37 | (1) the names of | on the patent front page, left up to 3 registered pate | | T. Moyer | | | | | | |
| ☐ Change of correspondence address (or Change of Address form PTO/SB/122) attached. | or agents OR, a | Iternatively. | - John F | E. Vick, Jr. | | | | | | | |
| "Fee Address" indication (or "Fee Address" Ind. PTO/SB/47; Rev 03-02 or more recent) attached. Unumber is required. | ication form Ise of a Customer | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO | | | | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified recordation as set forth in 37 CFR 3.11. Completion | below, no assignee n of this form is NO | data will appear of T a substitute for fi | n the patent. If an assigning an assignment. | nee is identified below, the o | document has been filed for | | | | | | |
| (A) NAME OF ASSIGNEE | (E | B) RESIDENCE: (C | CITY and STATE OR CO | UNTRY) | | | | | | | |
| Milliken & Company | | Spartanbu | rg, South Car | olina (USA) | | | | | | | |
| Please check the appropriate assignee category or cate | | | | orporation or other private gr | oup entity Government | | | | | | |
| 4a. The following fee(s) are enclosed: | | b. Payment of Fee(s | • | | | | | | | | |
| X Issue Fee | | heck in the amount of the fee(s) is enclosed. | | | | | | | | | |
| Publication Fee (No small entity discount permi | Payment by credit card. Form PTO-2038 is attached. | | | | | | | | | | |
| Advance Order - # of Copies | | Market Change | in haraby muchanimas bar. | diagraphy recognised factor of | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07 0500 (euclose an extra copy of this form). | | | | | | |
| | | The Director Deposit Account | is hereby authorized by a Number -04-0500 | charge the required fee(s), or (enclose an extra | copy of this form). | | | | | | |
| 5. Change in Entity Status (from status indicated abo | | | | charge the required fee(s), or (enclose an extra call). LL ENTITY status. See 37 C | | | | | | | |

June 10, Authorized Signature

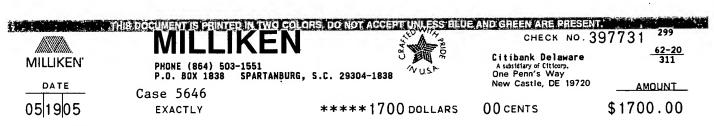
Date:

Typed or printed name UJohn E. Vick, Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| VENDOR NO. 8887001 | Milliken & Company | | | | | | UMBER | 397731 |
|---|--------------------|---------------|-----------------|---|--------------------|-------------|------------|----------|
| FOR THE ACCOUNT OF /ADDRESS ALL CURRESPONDENCE TO: P.O. BOX 1838, SPARTAMBURG, S.C. 29304 | IN | VOICE MBER | INVOICE DATE | | INVUICE | T A X | ADJUSTMENT | DISCOUNT |
| MILLIKEN & COMPANY IRT | 3 | 5646 | 0506 | 1 | 170000 | 0 | | |
| JUN 1 4 2005 W | | | | | | | | |
| | | | | | | | | |
| 05 19 05 CODE: 1. YOUR 2. YOUR | INVOICE CREDIT | 3.OUR DE | EBIT — | Ī | PAGE NET AMOUNT | | \$ 1 | 700.00 |



PAY TO THE ORDER OF

COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA VA Milliken & Company Paying Agent

John a. Edist

#397731# #O31100209#

38691812H*

22313